2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 03, 2005 08:00 AM **Secretary of State DOCUMENT # P97000093293** 1. Entity Name EUSTIS ROOFING COMPANY INC. Principal Place of Business Mailing Address 15312 OLD HWY 441 15312 OLD HWY 441 TAVARES, FL 32778 TAVARES, FL 32778 DO NOT WRITE IN THIS SPACE 01262005 No Chg-P CR2E034 (10/03) Applied For 4. FEI Number 59-2701004 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent The second secon REISMAN, RODNEY DO NOT WRITE 15312 OLD HWY 441 TAVARES, FL 32778 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME REISMAN, RODNEY PO BOX 895505 STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34789 TITLE NAME REISMAN, CHERYL L The state of the s STREET ADDRESS PO BOX 895505 CITY-ST-ZIP LEESBURG, FL 34789 TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED